(staple inside file in blue slip area)

2/00 IN LERNAL TRANSFE	K KEUUES I FOR S.N.	(D) 070 J. 93	
DATE: . 5 7 02	FROM: S. Goo	url	_ (print name)
	REASON(S):		
FORWARD TO:	A. You had Parent	(check box)	
A. Art Unit: Z 2bb	B. See Title	(check box)	
B. Class: 370	C. See Abstract	(check box)	
C Subclass:	D. See Claim(s):		,,,
FURTHER EXPLANATION IF NE Hand chaloling VDS	ieded: Sl, Yours		
DATE:	_ FROM:		_ (print name)
	REASON(S):		
FORWARD TO:	A. You had Parent	(check box)	
A. Art Unit:	B. See Title	(check box)	
B. Class:	C. See Abstract	(check box)	
C Subclass:	D. See Claim(s):	• .	
DATE:	FROM:		_ (print name)
·	REASON(S):		
FORWARD TO CLASSIFIER	A. You had Parent	(check box)	
All the state of t	B. See Title	(check box)	
	C. See Abstract	(check box)	
	D. See Claim(s):		
FURTHER EXPLANATION IF NE	EDED:		
DISPOSITION BY 2700 CLA	ASSIFICATION		
DATE:	_ CLASSIFIER:		
·	REASON(S):		
FORWARD TO:	A. You had Parent	(check box)	
A. Art Unit:	_ B. See Title	(check bax)	
B. Class:	C. See Abstract	(check box)	
C Subclass:	D. See Claim(s):	•	

FURTHER EXPLANATION IF NEEDED: